



CITY OF LENOIR CITY
BUSINESS LICENSE APPLICATION

Remit \$15 with this form to complete application.
Make checks payable to: City of Lenoir City.
Mail to: P.O. Box 445
Lenoir City, TN 37771

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING.
FOR ASSISTANCE, PLEASE CONTACT THE LENOIR CITY (865) 986-2227.

1a. INDICATE THE CLASSIFICATION IN WHICH YOU ARE REGISTERING. CLASSIFICATION IS DETERMINED BY THE DOMINANT BUSINESS ACTIVITY. INDICATE ONLY ONE CLASSIFICATION.

Classification 1A Classification 1C Classification 1E Classification 3
Classification 1B Classification 1D Classification 2 Classification 4

License Type: ☐ Standard ☐ Minimal Activity
Gross Receipts: (over \$10,000) (\$3,000-\$9,999)

1c. Fiscal Year End:

2. REASON FOR APPLYING: ☐ 1. Renew Minimal Activity License Acct No: _____
☐ 2. New business ☐ 3. Additional location ☐ 4. Purchase of existing business

3. DATE BUSINESS BEGAN IN TENNESSEE AT THIS LOCATION: _____

4. BUSINESS NAME AND EXACT LOCATION

BUSINESS NAME

STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)

APARTMENT OR SUITE NUMBER

CITY

STATE

ZIP CODE

5. BUSINESS MAILING ADDRESS

NAME (ENTER LEGAL NAME, IF DIFFERENT)

P.O. BOX, STREET, ROUTE, OR HIGHWAY

APARTMENT OR SUITE NUMBER

CITY

STATE

ZIP CODE

6. COUNTY IN WHICH BUSINESS IS LOCATED

IS BUSINESS LOCATED INSIDE A TENNESSEE CITY?

☐ NO ☐ YES

(If Yes, Name of City)

7. BUSINESS TELEPHONE NUMBER

BUSINESS FAX NUMBER

8. CONTACT PERSON'S NAME

CONTACT E-MAIL ADDRESS

9. ENTER FEDERAL EMPLOYER'S IDENTIFICATION #

☐ APPLIED FOR
☐ NOT REQUIRED

10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION

☐ APPLIED FOR
☐ NOT REQUIRED

11. TYPE OF OWNERSHIP (SELECT ONE):

☐ Corporation ☐ S Corporation ☐ Partnership ☐ Proprietorship ☐ Limited Partnership ☐ Husband/Wife ☐ LLC ☐ LLP ☐ PLLC ☐ PRLLP
☐ Co-Op ☐ Bank ☐ Sav Loan ☐ Credit Union ☐ F/Institute

12. TENNESSEE SECRETARY OF STATE IDENTIFICATION #, IF APPLICABLE

13. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCATION, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD:

14. IDENTIFY OFFICERS, PARTNERS, OR INDIVIDUAL OR COMPANY OWNERS

(1) NAME

HOME TELEPHONE#

☐ SOCIAL SECURITY #

☐ FEDERAL EIN

HOME ADDRESS (DO NOT USE P.O. BOX #)

CITY

STATE

ZIP CODE

☐ Member ☐ Officer ☐ Partner ☐ Owner - Individual ☐ Owner - Company ☐ Contact Person

(2) NAME

HOME TELEPHONE#

☐ SOCIAL SECURITY #

☐ FEDERAL EIN

HOME ADDRESS (DO NOT USE P.O. BOX #)

CITY

STATE

ZIP CODE

☐ Member ☐ Officer ☐ Partner ☐ Owner - Individual ☐ Owner - Company ☐ Contact Person

15. THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL OWNER, A PARTNER, OR AN OFFICER OF THE CORPORATION. THE SIGNATORY MUST ALSO BE LISTED IN ITEM 14.)

SIGN
HERE:

SIGNATURE of OWNER, PARTNER, or OFFICER (DO NOT PRINT OR USE STAMP)

If applying for a Minimal Activity License,
anticipated Gross Receipts must be less than
\$10,000

FOR OFFICIAL USE ONLY

Date Received _____

Class _____

Code _____

Account # _____

TITLE DATE